Knights Care Limited

Drovers Call

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Drovers Call is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for older people including people living with dementia. The home can accommodate up to 60 people. At the time of our inspection there were 55 people living in the home. Accommodation is provided on three floors divided into five units.

People's experience of using this service and what we found
Arrangements were in place to monitor and manage medicines. However, medicine records were completed inconsistently. Where people received medicines covertly (in drink or food without their knowledge) arrangements were not in place according to good practice guidance. We have made a recommendation about the management of some medicines.

The service placed people at the heart of the service and its values. It had a strong person-centred ethos. Staff and the service's management told us how they were passionate about providing person-centred care to people when they needed it.

We saw evidence of caring relationships in place, and a commitment to support people at difficult times with compassion.

Staff were aware of people's life history and preferences and they used this information to develop positive relationships and deliver person centred care. People felt well cared for by staff who treated them with respect and dignity.

There was a system in place to carry out quality checks. These were carried out on a regular basis to ensure the quality of care was maintained.

There was a range of activities on offer. People were supported to access the local community.

Care records were personalised and had been regularly reviewed to reflect people's needs. Care plans contained information about people and their care needs. People were supported to make choices and have their support provided according to their wishes.

People said they felt safe. There was sufficient staff to support people and appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care.

People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

People had good health care support from professionals. When people were unwell, staff had raised the concern and acted with health professionals to address their health care needs. The provider and staff worked in partnership with health and care professionals.

The environment was adapted to support people living with dementia. The home was clean, and arrangements were in place to manage infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

Arrangements were in place to involve people and their relatives in the running and development of the home. The provider had displayed the latest rating at the home and on the website. When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

Rating at last inspection
The last rating for this service was good (published 6 January 2017). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

At this inspection the rating remained Good.

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not consistently safe	**Requires Improvement**
Is the service effective? The service was effective	**Good**
Is the service caring? The service was caring	**Good**
Is the service responsive? The service was responsive	**Good**
Is the service well-led? The service was well led	**Good**

Drovers Call

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by a single inspector, an assistant inspector and a specialist advisor. The specialist advisor was a nurse.

Service and service type
The service had a manager registered with the Care Quality Commission in post. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This was inspection was unannounced. We inspected the service on 3 July 2019.

What we did
Prior to the inspection we examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

During the inspection we spoke with two people who lived at the service five relatives, two members of care staff, two nurses, a volunteer, the provider and the registered manager. We also spoke with a visiting professional. We looked at six care records in detail and records that related to how the service was

managed including staffing, training, medicines and quality assurance.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely
•At this inspection we found medicine records were not completed consistently. Temperatures of medicine rooms and fridges were not recorded consistently. We saw gaps in the records and found temperatures were on occasions on the limit of recommendations. There was a risk medicines may not be as effective because of the effect of the temperatures.
• Best practice guidelines relating to medicines had not been followed. The sharps bin and pharmaceutical waste bins were stored correctly but neither was signed and dated, which is not compliant with the management of hazardous waste regulations.
•Where medicines were being administered in food or drink without people's knowledge(covertly) protocols were not in place. It is good practice to consult a pharmacist as it is not acceptable to crush medication or to open capsules as this may alter the effectiveness of the tablet or capsule. Although a pharmacist had been contacted protocols were not in place and documentation did not reflect the best interest decision made for each medicine given in this way.
•There were two occasions when two people did not receive their medicines because it was out of stock. We spoke with the registered manager about this who confirmed these had now been obtained.
•We saw three people who were prescribed medicines which should be given 30 minutes before food. It was not clear from the records if people had received their medicines at the correct time. This may have reduced the effectiveness of the medication.

We recommend the provider reviews their medicine systems and processes to ensure they are in line with national guidance.

•Written guidance was in place to enable staff to safely administer medicines which were prescribed to be given 'as required' (PRN).
•Medicines which required specialist arrangements for storage were stored correctly.
•Medicine records contained photographs of people to reduce the risk of medicines being given to the wrong person.
•Staff told us they had received training about medicines and had been observed when administering medicines to ensure they had the correct skills.

Systems and processes to safeguard people from the risk of abuse
•Systems and process were in place to protect people from abuse. People told us they felt safe living at the home.
•We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow and

where to access information if they suspected bad practise or observed altercations with people who used the service. They told us they had received safeguarding training. Records showed that care staff had completed training.
•Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us of the action they had taken. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.
•We also noted that the provider had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

Staffing and recruitment
•There were enough staff available to meet the needs of people. Staff told us they thought there were enough staff to keep people safe.
•The registered persons had undertaken the necessary employment checks for new staff. These measures are important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. The registered persons had carried out checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Assessing risk, safety monitoring and management
•People were protected from risks associated with their care needs. We found that risks to people's safety and the environment had been assessed. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks.
•People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.
•Where people utilised specific equipment to assist them with their care appropriate checks were made regularly to ensure it was safe.

Preventing and controlling infection
•We observed suitable measures were in place for managing infections. Good infection control practice was in place. Staff had access to protective clothing and used it according to the provider's policy. We also observed staff washing their hands on a regular basis to reduce the risk of cross infection.
•The home was clean, and arrangements were in place to maintain this.

Learning lessons when things go wrong
•Records showed that arrangements were in place to record accidents and near misses. Arrangements to analyse these so that the registered manager could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff, so they could work together to minimise risk.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 'Good'. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
•Staff had had access to regular updates on topics such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care. Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people.
•Supervision and appraisals had taken place. These are important because they provide staff with the opportunity to review their performance and training needs.
•An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.

Adapting service, design, decoration to meet people's needs
•Arrangements were in place to assist people with orientation around the home. For example, there were brightly coloured doors and signs in words and pictures.
•People's rooms were personalised and where people required specific equipment to assist them with their care this was in place. Records detailed when checks had been made to ensure equipment was fit for purpose.
•We saw the outside areas were safe and secure and people were able to access these if they wished

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•Care plans were regularly reviewed and reflected people's changing needs and wishes. People and relatives said they had been involved in discussions about their care plans.
•Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.
•Staff provided care in line with guidance and standards. For example, we observed a member of staff who had supported a person with their meal whilst remaining in bed return to the person 20 minutes later to lower the bed head. This is in line with safe feeding guidelines which recommend that people should remain in an upright position after eating.

Supporting people to eat and drink enough to maintain a balanced diet
•We observed lunchtime. People were given a choice at the meal time.
•Staff were familiar with people's needs and likes and dislikes. Where people required adapted cutlery and plates, to help them eat independently, these were available, and we observed them in use during meal

times.
•Where people had specific dietary requirements, we saw arrangements were in place to ensure people received this.

Staff working with other agencies to provide consistent, effective, timely care
•We saw from looking at people's care records that there was evidence all the people who lived at the service had access to health professionals, to ensure their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.

Supporting people to live healthier lives, access healthcare services and support
•Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians.
•Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

•We found the service was acting within the principles of the MCA. Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support with when making some more complex decisions.
•We found that arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff supported people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity to make specific decisions a decision in people's best interests had usually been put in place. However, we observed where people received their medicines covertly best interest arrangements had not taken place.
•We found where DoLS were in place conditions were being met.
•Where people were unable to consent, the provider had ensured records detailed where relatives had legal responsibility to make decisions on people's behalf.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained rated as 'Good'. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
•People were involved in their care planning and expressing their wishes about their care. We observed staff interacting positively with people who used the service throughout our inspection. For example, we observed a member of staff supporting a person with their meal. They described the meal, enquired as to the temperature of the food and whether the person liked what they were being given. They also gently stroked their hand to keep the person's attention. A visiting professional told us, "Here, they get people calm, take care of them."
•Staff gave each person appropriate care and respect while considering what they wanted. For example, at lunchtime people were shown the meals on a plate so they were able to choose what they wanted. A relative told us, "Really impressed, [staff] quickly pick up on likes and dislikes. That means an awful lot [people] not just a number."
•We observed staff knew how to care for people who needed support to prevent any distress. For example, a member of staff explained what distressed a person and that they reassured them by sitting with them with a coffee. A relative told us, "Brilliant Care." They explained their family member could sometimes be physically challenging when they became frustrated but said that staff understood their family member and were good at picking up cues. They said, "Staff do things with [family member] to prevent this."
•We noted that staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided. We saw a person had expressed a wish not to be involved in certain activities and saw this had been clearly documented and respected by staff.
•We observed families were encouraged to visit and participate.
•The provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender. Where people had expressed a preference in the gender of carers this was detailed in care records.

Supporting people to express their views and be involved in making decisions about their care
•We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. For example, a person preferred to manage their own medicines. We observed a risk assessment had been completed and arrangements put in place to support the person to manage their medicines safely and independently.
•Where people had specific communication needs arrangements had been put in place to support them. For example, one person had been provided with equipment which facilitated their hearing aid to be linked with the television and telephone, so they could manage these independently.
•People were asked if they required support before staff provided it. Records reflected the need to ensure

people were happy with being supported.
•Most people had family, friends or representatives who could support them to express their preferences. Furthermore, we noted that the provider had access to advocacy resources. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence
•We found people's dignity was consistently respected. For example, people were called by their preferred names and this was documented in the care records.
•We saw staff enabled people to be as independent as possible while providing support and assistance where required. For example, a person had expressed a wish to return to live at home. Staff had supported them to initially visit home and this had now extended to overnight stays with support from staff with a view to the person returning to live at home.
•We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question remained 'good'. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•People's care needs had been holistically assessed and regularly reviewed. If people required support, then staff had clear guidance on how to support them. Assessments outlined what people could do on their own and when they needed assistance. They also gave guidance to staff about how the risks to people should be managed. Care records included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes.
• People's lives continued to be enhanced because of a responsive approach to ensuring their skills and hobbies continued. On the morning of the inspection a yoga instructor visited the home and ran an armchair yoga group. People were given the option to participate or not and those that did appeared to enjoy it. Other activities included church services, outings and trips to the coast and holidays.
•Staff were aware of people's past experiences and used their knowledge to make a more comfortable environment for people. For example, a relative told us," [Family member] likes behaving as they used to when they were working, in charge. So, will sometimes occupy staff office, they are given papers and pencils and is happy there for a couple of hours. Staff just work round." Knowing more about the person with dementia helps visiting community support workers and staff build relationships and support personalized care. A member of staff said, "You have to know the residents really well as some residents can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right."
•The responsive nature of the staff meant despite people having a range of complex needs the culture of the home was stimulating and inclusive. People's lives were enhanced because of the approach. For example, staff supported a person to visit their relative who also lived in a care home on a regular basis to help them to maintain their relationship. Another person was supported to see their grandchild prior to them going to their school prom so they could share in this family experience.
•A number of trips had taken place, for example, some people had been on holiday to Blackpool and others regularly visited a specialist singing group. Links had been made with a local school who had performed a concert at the home. In addition, people from the home were linked with children from the school and exchanged letters, maintaining regular contact with each other and enjoying receiving news.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

•Care plans and other documents were written in a user-friendly way in accordance with the Accessible

Information Standard so that information was presented to people in an accessible manner

Improving care quality in response to complaints or concerns
•There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. At the time of our inspection there were no ongoing complaints. Complaints had been responded to appropriately and resolved.
•A policy for dealing with complaints was in place and available to people and their relatives.

End of life care and support
•The provider had arrangements in place to support people at the end of their life if required. Where appropriate records detailed people's wishes in the event of a deterioration of their condition.
•Do not attempt pulmonary resuscitation orders were in place. We observed these clearly recorded the reason for the decisions and where appropriate there was an advanced plan. Relatives we spoke with told us they had been involved with these. Another relative told us they had been involved in the development of an advanced plan and the plan had been developed when their family member was still able to participate in the decision and express their wishes for end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The registered manager had appointed a number of staff as champions to ensure there was leadership in key areas. For example, infection control, dignity and medicines. The champions were responsible for bringing new ideas into the home around the topics and sourcing training and support for staff to ensure continuous development of the service.
•The registered provider ensured resources were available and worked effectively to support high quality care and staff in their role. For example, alterations had been made in the home to provide smaller units so that more personalised care could be provided.
•The provider had notified CQC of accidents and incidents as required.
•The service had a manager registered with the Care Quality Commission in post.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
•There were systems in place to monitor the quality of care people received and to drive improvements. Regular checks were in place for a variety of issues including environment, health and safety, fire, moving and handling, accidents and training. A system was in place to analyse results so that trends could be identified to avoid incidents occurring again. For example, the registered manager met an external consultant to review the results of the checks and agree any actions going forward. This arrangement facilitated an independent view on whether the service was addressing issues and improving care quality.
•The service had a clear, positive and open culture that was shared both amongst the management team and care staff. An open-door policy was operated by the registered manager. In addition, a weekly meeting entitled 'mumbles and grumbles' had been developed to encourage staff to share what had gone well and where they had experienced issues. A member of staff told us, "Love my job, so rewarding. I like to leave here knowing that it was the best I can do, even if it's a simple thing that has made someone's day different."
•The previous inspection ratings poster was displayed on the provider's website.

Continuous learning and improving care
•An effective system was in place to monitor and analyse accidents and incidents. The information allowed the registered manager to have oversight of logged incidents. This assisted with making changes to improve the quality of the service. The registered manager had engaged with external organisations to provide advice and training to staff on issues which affected people who received support.
•The registered manager was an active participant in a local organisation which supported care home

managers and provided access to learning and resources. We observed the home had been awarded several awards for their innovative work by this organisation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

•We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. Meetings were held with people and their relatives and a newsletter was produced. In addition, a Facebook page had been developed which provided updates on activities and changes within the home.

•Staff were engaged in discussions and the registered manager had put a number of initiatives in place to facilitate for this. For example, a regular meeting was held at eleven o clock for staff to attend and ensure they were updated about people's well- being but also to raise any issues of concern or improvement.

Working in partnership with others

•The registered manager worked collaboratively with other organisations, charities, health and community professionals to plan and discuss people's on-going support within the service and looked at ways on how to improve people's quality of life. They used information they gathered to make positive and life affirming changes to people's daily living. For example, the registered manager had worked with an IT company to obtain specialist door locks to support people to be more independent.

•Working relationships had been developed with other professionals to access advice and support. For example, the GP and local pharmacist.